EVERGREEN
DENTAL LAB

(927) 231-7696

Dr. _____

License Number: _____

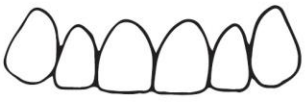
Patient: _____

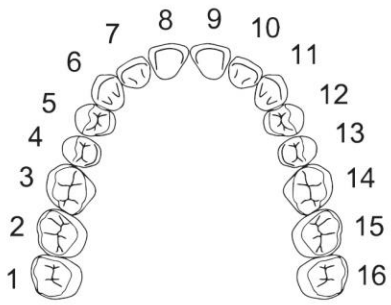
Age: _____ Sex ( M / F )

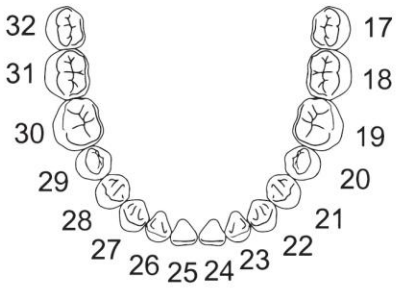
Shade _____ Date wanted _____

| Porcelain to Metal | All Porcelain | All Metal |
|---|---|---|
| ❒ Non-Precious (Base) | ❒ Full Zirconia (Broxir) | ❒ Non-Precious (Base) |
| ❒ Semi-Precious (Noble) | ❒ Layered Zirconia | ❒ Semi-Precious (Noble) |
| ❒ Yellow Gold (High Noble) | ❒ Emax Crown | ❒ Yellow Gold (High Noble) |
| ❒ Porcelain Butt Margin | ❒ Emax Veneer | ❒ Gold Blaze |
| ❒ Metal Occlusal | | ❒ Onlay |
| ❒ Metal Rest | | ❒ Inlay |
| ❒ Implant | | |

**SHADE INSTRUCTIONS**






Notes: _____

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